

# CHESTERFIELD COUNTY, VIRGINIA

## FIRE AND EMERGENCY MEDICAL SERVICES

### **EMS PASSPORT**

#### EMS PASSPORT

**EMS Passport** is a subscription program to help citizens defray out-of-pocket expenses, such as health insurance co-payments and deductibles, when they need emergency ambulance transportation. Individuals may be billed for emergency ambulance transportation under the county's Revenue Recovery program. Your subscription fees are applied to all available co-payments and deductibles. The subscription program is not a solicitation for insurance coverage. However, subscribers are not responsible for any additional balances or fees except as required by law or regulation. Some individuals, such as Medicaid beneficiaries, may not be eligible for **EMS Passport**, and others may not need to subscribe to the program. Check with your insurance provider to find out if **EMS Passport** is right for you.

#### YOU ARE ELIGIBLE

For \$59 a year, a subscriber may enroll all members of his or her household. Citizens who work in, but do not reside in, Chesterfield County and students attending colleges and universities within the county are eligible to subscribe. Please note our service area is limited to Chesterfield County in most cases and that some volunteer rescue squads in the county do not charge for emergency ambulance transportation. An **EMS Passport** subscription is effective after the Chesterfield County Treasurer's Office receives both your payment and signed subscription form. **Subscriptions are valid Oct. 1, 2004, through Sept. 30, 2005, and are non-refundable and non-transferable.**

#### SUBSCRIPTION PROGRAM TERMS

The annual cost for an **EMS Passport** subscription defrays out-of-pocket expenses for the uninsured portion of any charges for emergency ambulance transportation that ends at a hospital.

An **EMS Passport** subscription includes individuals who reside at the listed address. It also includes family members who reside in assisted-living or nursing facilities located within Chesterfield County who otherwise would be at the listed address and are on the application.

An enrollment form must be completed and submitted for processing, with your check or money order, to the Chesterfield County Treasurer's Office. You will not be able to subscribe at the time services are rendered.

The **EMS Passport** program is not a contract for the provision of ambulance services. Medicaid beneficiaries are not eligible to subscribe. This is not a solicitation for the offer or sale of an insurance product. The terms and provisions of this **EMS Passport** program are subject to change without prior notice. Medicare beneficiaries may be billed for co-payments or deductibles if required by law. All subscriptions are subject to acceptance by the county and may be canceled or revoked in the county's sole discretion. The subscriber acknowledges that the county will bill available third-party insurance for services rendered and agrees to remit any third-party insurance payments received directly by the subscriber to the County.

#### HOW TO ENROLL IN THE SUBSCRIPTION PROGRAM

Complete the enclosed application (please print or type). Mail the completed application and your payment to **Treasurer, Chesterfield County, P.O. Box 70, Chesterfield, Va. 23832**. After your application is processed, your canceled check will serve as your receipt confirming your enrollment in the **EMS Passport** subscription program. For assistance, please call (804) 768-7524, or (800) 480-3625 if calling from outside the Richmond metropolitan area.

**Retain this page for your records.**

**2004**

Check Number	Amount of Check	Date of Check	Date Application Mailed

# EMS PASSPORT APPLICATION

2004

FORM 1160

## HEAD OF HOUSEHOLD

Last Name	First Name	MI.	Social Security Number (Optional)	Date of Birth
Address				
City	State	Zip Code	Telephone Number	

## ADDITIONAL HOUSEHOLD MEMBERS AT THIS ADDRESS

Last Name	First Name	MI.	Social Security Number (Optional)	Date of Birth
Last Name	First Name	MI.	Social Security Number (Optional)	Date of Birth
Last Name	First Name	MI.	Social Security Number (Optional)	Date of Birth
Last Name	First Name	MI.	Social Security Number (Optional)	Date of Birth
Last Name	First Name	MI.	Social Security Number (Optional)	Date of Birth

## BILLING AUTHORIZATION / RESPONSIBILITY FOR PAYMENT

I understand that I am financially responsible for the services provided to me by Chesterfield County Fire and EMS (CFEMS) regardless of insurance coverage. I request that payment of authorized Medicare or other insurance benefits be made on my behalf to CFEMS or its billing agent for any services provided to me by CFEMS. I authorize and direct any holder of medical information or documentation about me to release to the Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration) and its carriers and agents, as well as to CFEMS and its billing agents, any information or documentation needed to determine these benefits, or benefits payable for any services provided to me by CFEMS, now or in the future. I agree to immediately remit to CFEMS any payments that I receive directly from any source for the services provided to me. A copy of this form is as valid as the original.

Signature of Head of Household or other Authorized Person:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Fill out this form completely. Sign the Billing Authorization / Responsibility for Payment statement.  
Return this form and \$59 payment.

**Payable to: Treasurer, Chesterfield County**  
**Chesterfield Fire and Emergency Medical Services**  
**P.O. Box 70**  
**Chesterfield, Virginia 23832**

Your subscription will be effective after receipt of your application and payment.  
For assistance, call (804) 768-7524, or (800) 480-3625 if calling from outside of the Richmond metropolitan area.

**EMS PASSP\*RT**